



City of Long Beach
333 West Ocean Blvd., 4th Floor
Long Beach, CA 90802
Phone: (562) 570-5237 Fax: (562) 570-6753

Development Services Permit Application

| General Information | | | PROJECT NUMBER | | Authorization | |
|---|-------|-----|-------------------------------------|--|--|-------------|
| | | | | | Plan Check | Permit Tech |
| PROJECT ADDRESS (NOT MAILING ADDRESS) | | | PROJECT NAME (IF ANY) | | | |
| LEGAL DESCRIPTION (i.e. Lot, Block, Tract, APN, etc.) | | | | | | |
| DOING BUSINESS AS (DBA) | | | SUBMITTAL DATE | | | |
| APPLICANT LAST NAME, FIRST NAME | | | <input type="checkbox"/> OWNER | | <input type="checkbox"/> DESIGN PROFESSIONAL | |
| | | | <input type="checkbox"/> AGENT FOR | <input type="checkbox"/> LESSEE/TENANT | <input type="checkbox"/> CONTRACTOR | |
| APPLICANT MAILING ADDRESS | | | EMAIL ADDRESS | | | |
| CITY | STATE | ZIP | PHONE | FAX | | |
| 1) DESIGN PROFESSIONAL LAST NAME, FIRST NAME | | | <input type="checkbox"/> ARCHITECT | | <input type="checkbox"/> CIVIL | |
| | | | <input type="checkbox"/> STRUCTURAL | <input type="checkbox"/> OTHER | | |
| DESIGN PROFESSIONAL MAILING ADDRESS | | | DESIGN PROFESSIONAL EMAIL ADDRESS | | | |
| CITY | STATE | ZIP | PHONE | FAX | | |
| 2) DESIGN PROFESSIONAL LAST NAME, FIRST NAME | | | <input type="checkbox"/> ARCHITECT | | <input type="checkbox"/> CIVIL | |
| | | | <input type="checkbox"/> STRUCTURAL | <input type="checkbox"/> OTHER | | |
| DESIGN PROFESSIONAL MAILING ADDRESS | | | DESIGN PROFESSIONAL EMAIL ADDRESS | | | |
| CITY | STATE | ZIP | PHONE | FAX | | |
| PROPERTY OWNER LAST NAME, FIRST NAME | | | | | | |
| PROPERTY OWNER MAILING ADDRESS | | | EMAIL ADDRESS | | | |
| CITY | STATE | ZIP | PHONE | FAX | | |
| DESCRIPTION OF WORK | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

(I/We) the undersigned declare, under penalty of perjury under the laws of the State of California, that (I am/we are) the owner(s) or authorized representative(s) of the property in this application; that the information on all plans, drawings, and sketches attached hereto and all the statements and answers contained herein are, in all respects, true and correct.

| | |
|-----------|------|
| SIGNATURE | DATE |
|-----------|------|

This information is available in an alternative format by request to (562) 570-3807. For an electronic version of this document visit our website at <http://www.lbds.info>.

FOR DEPARTMENT USE ONLY

| | | | | | | |
|--|---|---|--|--|--|--|
| ZONE | | | HISTORIC APPROVAL REQ'D <input type="checkbox"/> YES <input type="checkbox"/> NO | | RELATED PLANNING CASE NO. | |
| SPECIAL SETBACKS <input type="checkbox"/> YES <input type="checkbox"/> NO | | | PLANNING FEES REQ'D <input type="checkbox"/> YES <input type="checkbox"/> NO | | COASTAL FEE (CPCE) REQ'D <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| SETBACKS | | | PLANNING REVIEW (PLAN CHECK) REQ'D <input type="checkbox"/> YES <input type="checkbox"/> NO | | PLANNING ENTITLEMENTS <input type="checkbox"/> INCOMPLETE <input type="checkbox"/> COMPLETED <input type="checkbox"/> NOT REQUIRED | |
| F | S | R | | | | |
| CF TO PL | | | PLANNING APPROVAL & DATE | | SUBMITTAL TYPE <input type="checkbox"/> REGULAR <input type="checkbox"/> EXPRESS <input type="checkbox"/> OTC <input type="checkbox"/> NR | |

Planning

| SUBMITTAL TYPE <input type="checkbox"/> REGULAR <input type="checkbox"/> EXPRESS <input type="checkbox"/> OTC <input type="checkbox"/> NR | | PLANNING PROJECT NUMBER | |
|--|--|-------------------------------------|---|
| <input checked="" type="checkbox"/> | ITEM | <input checked="" type="checkbox"/> | ITEM |
| | ADMINISTRATIVE USE PERMIT (AUP) | | SUBDIVISION MAP |
| | CONDITIONAL USE PERMIT (CUP) | | LOT MERGER/LOT LINE ADJUSTMENT |
| | STANDARDS VARIANCE (SV) | | CERTIFICATE OF COMPLIANCE |
| | FENCE HEIGHT EXCEPTION (AUP or SV) | | CONDOMINIUM CONVERSION |
| | MODIFICATION OF APPROVED PERMIT | | ZONING CHANGE AND/OR AMENDMENT |
| | TIME EXTENSION | | LOCAL COASTAL PROGRAM AMENDMENT |
| | LOCAL COASTAL DEVELOPMENT PERMIT | | GENERAL PLAN AMENDMENT |
| | CONDO CONVERSION EXCLUSION # OF UNITS _____ | | GENERAL PLAN CONFORMITY FINDING |
| | | | <input type="checkbox"/> CONCEPTUAL ONLY <input type="checkbox"/> PRE-APPLICATION ONLY <input type="checkbox"/> WIRELESS TELECOM CREATIVE SIGN PERMIT SIGN PROGRAM OTHER _____ |

Sign

| SUBMITTAL TYPE <input type="checkbox"/> REGULAR <input type="checkbox"/> EXPRESS <input type="checkbox"/> OTC <input type="checkbox"/> NR | | SIGN PROJECT NUMBER | |
|---|-----------|---|----------------------------|
| CONTRACTOR LAST NAME, FIRST NAME | | STATE LICENSE NO. & TYPE | |
| CONTRACTOR MAILING ADDRESS | | EXP. DATE | |
| CONTRACTOR EMAIL ADDRESS | | | |
| CITY | STATE | ZIP | PHONE |
| FAX | | | |
| CITY BUSINESS LICENSE # (IF KNOWN) | EXP. DATE | TYPE OF BUSINESS | CITY PIN |
| ELECTRICAL* YES / NO | SIGN TYPE | VALUE | SQUARE FEET |
| | | | OVERALL HEIGHT ABOVE GRADE |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| TOTAL VALUATION OF ALL SIGNS: | | | |
| FOR DEPARTMENT USE ONLY | | | |
| <input type="checkbox"/> N = NEW <input type="checkbox"/> E = EXISTING <input type="checkbox"/> D = DEMOLISH/REMOVE <input type="checkbox"/> A = ADD/EXPAND | | | |
| PLANNING APPROVAL BY | | PLAN STAMPED <input type="checkbox"/> YES <input type="checkbox"/> NO | DATE |

*If signs require electrical hook-up, an electrical permit will also be required.

Building

SUBMITTAL TYPE☐ REGULAR ☐ EXPRESS ☐ OTC ☐ NR**BUILDING PROJECT NUMBER**

| | | | | | | |
|---|--|--|--------------------------|---|------------------------|---|
| CONTRACTOR LAST NAME, FIRST NAME | | | STATE LICENSE NO. & TYPE | | EXP. DATE | |
| CONTRACTOR MAILING ADDRESS | | | CONTRACTOR EMAIL ADDRESS | | | |
| CITY | | STATE | ZIP | PHONE | | FAX |
| CITY BUSINESS LICENSE # (IF KNOWN) | | EXP. DATE | | TYPE OF BUSINESS | | CITY PIN |
| PROJECT SCOPE (CHECK ALL BOXES THAT APPLY) <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> ALTERATION/REMODEL/TENANT IMPROVEMENT <input type="checkbox"/> ADDITION <input type="checkbox"/> CHANGE OF USE/OCCUPANCY | | | | | | |
| TYPE OF CONSTRUCTION | | | PRESENT USE/OCCUPANCY | | PROPOSED USE/OCCUPANCY | |
| # DWELLING UNITS | | # OF STORIES | | BUILDING HEIGHT | | CBC EDITION USED |
| FIRE SPRINKLERS <input type="checkbox"/> YES <input type="checkbox"/> NO | | FIRE ALARM <input type="checkbox"/> YES <input type="checkbox"/> NO | | FIRE STANDPIPES <input type="checkbox"/> YES <input type="checkbox"/> NO | | SMOKE CONTROL <input type="checkbox"/> YES <input type="checkbox"/> NO |
| TOTAL SQUARE FEET OF THIS PROJECT (NEW OR ADDED SQ. FEET) NON-RESIDENTIAL _____ RESIDENTIAL _____ | | | | | | |
| GRADING PERMIT (IN CUBIC YARDS) CUT: _____ FILL: _____ EXPORT: _____ IMPORT: _____ | | | | | | |
| VALUATION COVERED BY APPLICATION \$ _____ | | | | | | |

Fire

SUBMITTAL TYPE☐ REGULAR ☐ EXPRESS ☐ OTC ☐ NR**FIRE PROJECT NUMBER**☐ Same as Building Project Number

| | | | | | | |
|------------------------------------|----------------------------------|-----------|--------------------------|------------------|--------------------------------------|----------|
| CONTRACTOR LAST NAME, FIRST NAME | | | STATE LICENSE NO. & TYPE | | EXP. DATE | |
| CONTRACTOR MAILING ADDRESS | | | CONTRACTOR EMAIL ADDRESS | | | |
| CITY | | STATE | ZIP | PHONE | | FAX |
| CITY BUSINESS LICENSE # (IF KNOWN) | | EXP. DATE | | TYPE OF BUSINESS | | CITY PIN |
| QTY | ITEM | | | QTY | ITEM | |
| | FIRE ALARM VALUATION: \$ _____ | | | | FIRE ALARM SYSTEM DEVICES | |
| | FIRE ACCESS | | | | UNDERGROUND STORAGE TANK | |
| | UNDERGROUND FIRE LINE | | | | UNDERGROUND STORAGE TANK PIPING (FT) | |
| | SPRINKLERS RISERS | | | | VAPOR RECOVERY SYSTEM | |
| | SPRINKLER HEADS | | | | ABOVEGROUND STORAGE | |
| | STANDPIPE SYSTEM HOSE VALVES | | | | ABOVEGROUND STORAGE TANK PIPING (FT) | |
| | SPECIAL FIRE EXT. SYSTEM NOZZLES | | | | OTHER _____ | |

Health

SUBMITTAL TYPE☐ REGULAR ☐ EXPRESS ☐ OTC ☐ NR**HEALTH PROJECT NUMBER**☐ Same as Building Project Number

| | | | | | | | |
|------------------------------------|-----------------------------|-----------|--------------------------|----------------------------|-----------|----------|-------------------------------|
| CONTRACTOR LAST NAME, FIRST NAME | | | STATE LICENSE NO. & TYPE | | EXP. DATE | | |
| CONTRACTOR MAILING ADDRESS | | | CONTRACTOR EMAIL ADDRESS | | | | |
| CITY | | STATE | ZIP | PHONE | FAX | | |
| CITY BUSINESS LICENSE # (IF KNOWN) | | EXP. DATE | | TYPE OF BUSINESS | | CITY PIN | |
| FOOD FACILITY | | | | | | | |
| ✓ | ITEM | | ✓ | ITEM | | ✓ | ITEM |
| | RESTAURANT # OF SEATS _____ | | | FOOD MRKT RETAIL (SQ. FT.) | | | FOOD PROCESSOR (SQ. FT.) |
| | SCHOOL CAFETERIA | | | CATERER | | | |
| | SATELLITE FACILITY/KIOSK | | | MENU CHANGE/EQUIPMENT | | | |
| | CONSULTATION | | | WAREHOUSE/COMMISSARY | | | |
| | FOOD VEHICLE/FOOD CART | | | SALVAGER | | | |
| | BED & BREAKFAST | | | GREASE TRAP | | | OTHER _____ |
| WATER SYSTEMS BACKFLOW | | | | | | | |
| | FOOD FACILITY | | | POOL & SPA | | | OTHER _____ |
| POOL & SPA | | | | | | | |
| | BACKFLOW DEVICE | | | NEW POOL/SPA | | | REMODEL/REPLASTER POOL/SPA |
| BODY ART | | | | | | | |
| | TATTOO SHOP | | | | | | OTHER _____ |

Electrical

SUBMITTAL TYPE

☐ REGULAR ☐ EXPRESS ☐ OTC ☐ NR

ELEC PROJECT NUMBER

| CONTRACTOR LAST NAME, FIRST NAME <input type="checkbox"/> Same as Building Cont | | | STATE LICENSE NO. & TYPE | | EXP. DATE | |
|---|--|-----------------------|--|------------------|---|------------------|
| CONTRACTOR MAILING ADDRESS | | | CONTRACTOR EMAIL ADDRESS | | | |
| CITY | | STATE | ZIP | PHONE | | FAX |
| CITY BUSINESS LICENSE # (IF KNOWN) | | EXP. DATE | | TYPE OF BUSINESS | | CITY PIN |
| PROJECT SCOPE (CHECK ALL BOXES THAT APPLY) <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> ALTERATION/REMODEL/TENANT IMPROVEMENT <input type="checkbox"/> ADDITION <input type="checkbox"/> CHANGE OF USE/OCCUPANCY | | | | | | |
| TYPE OF CONSTRUCTION | | PRESENT USE/OCCUPANCY | | | PROPOSED USE/OCCUPANCY | |
| # DWELLING UNITS | | # OF STORIES | | BUILDING HEIGHT | | CEC EDITION USED |
| VALUATION COVERED BY APPLICATION \$ | | | | | | |
| QTY | SERVICE | QTY | MOTORS, GENERATORS, TRANSFORMERS & OTHER APPARATUS | QTY | BUSWAYS, POWER DUCTS | |
| | ≤ 600 V SERVICE ≤ 200 AMPS | | < 1 HP, KW, KVA | | FEET OF BUSWAY ≤ 99 AMP | |
| | ≤ 600 V SERVICE 201 – 400 AMP | | 1-10 HP, KW, KVA | | FEET OF BUSWAY 100-400 AMP | |
| | ≤ 600 V SERVICE 401 – 1000 AMP | | 11-50 HP, KW, KVA | | FEET OF BUSWAY > 400 AMP | |
| | ≤ 600 V SERVICE > 1000 AMP | | 51-100 HP, KW, KVA | | SIGNS (NEW OR ALTERATION) 1 ST SIGN AND SIGN CIRCUIT | |
| | > 600 V SERVICE | | > 100 HP, KW, KVA | | ADDITIONAL SIGN CIRCUIT(S) | |
| | 1 ST SB OR MCC ≤ 600 V | | NEW RESIDENTIAL SQ. FOOTAGE OF FLOOR AREA | | ADDITIONAL SIGN(S) | |
| | 1 ST SB OR MCC > 600 V | | OUTLETS AND FIXTURES NUMBER OF OUTLETS/OPENINGS | | TEMPORARY POLE WITH PANEL (EXCLUDING SERVICE) | |
| | ADDITIONAL METERS | | # BUILDING LIGHTING FIXTURES | | 1ST OUTLETS ≤ 50 | |
| | ADDITIONAL SB OR MCC ≤ 600 V | | MULTI-OUTLET/FIXTURE ASSEMBLIES (EACH 5' OR PORTION THEREOF) | | TEMPORARY OUTLETS > 50 | |
| | ADDITIONAL SB OR MCC > 600 V | | SPECIAL OUTLETS (INDIV CIRCUITS) 15-30 AMP | | PHOTOVOLTAIC SYSTEMS RESIDENTIAL KILOWATTS | |
| | PANELS (SUBPANELS AND/OR CONTROL PANELS) | | 31-50 AMP | | COMMERCIAL KILOWATTS | |
| | # OUTSIDE/PARKING LIGHTING STANDARDS | | 51-100 AMP | | | |
| | | | > 100 AMP | | OTHER _____ | |
| FOR OFFICE USE ONLY | | | | | | |
| | # SQ FT FOR TITLE 24 REVIEW | | | | | |

Mechanical

SUBMITTAL TYPE

☐ REGULAR ☐ EXPRESS ☐ OTC ☐ NR

MECH PROJECT NUMBER

| | | | | | | |
|---|-------------------------------|--------------|--|------------------|----------------------------|------------------|
| CONTRACTOR LAST NAME, FIRST NAME <input type="checkbox"/> Same as Building Cont | | | STATE LICENSE NO. & TYPE | | EXP. DATE | |
| CONTRACTOR MAILING ADDRESS | | | CONTRACTOR EMAIL ADDRESS | | | |
| CITY | | STATE | ZIP | PHONE | | FAX |
| CITY BUSINESS LICENSE # (IF KNOWN) | | EXP. DATE | | TYPE OF BUSINESS | | CITY PIN |
| PROJECT SCOPE (CHECK ALL BOXES THAT APPLY) <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> ALTERATION/REMODEL/TENANT IMPROVEMENT <input type="checkbox"/> ADDITION <input type="checkbox"/> CHANGE OF USE/OCCUPANCY | | | | | | |
| TYPE OF CONSTRUCTION | | | PRESENT USE/OCCUPANCY | | PROPOSED USE/OCCUPANCY | |
| # DWELLING UNITS | | # OF STORIES | | BUILDING HEIGHT | | CMC EDITION USED |
| QTY | ITEM | QTY | ITEM | QTY | ITEM | |
| | HEATING APPLIANCE | | WOOD BURNING APPLIANCE | | APPLIANCE/CHIMNEY/VENT | |
| | AIR INLET/OUTLET | | SMOKE/FIRE DAMPER | | SMOKE DETECTOR | |
| | AIR COND COMP ≤ 25 HP | | AIR COND COMP 26-50 HP | | AIR COND COMP > 50 HP | |
| | GAS/STEAM FIRED AIR COND UNIT | | EVAPORATIVE COOLER OR MAKE UP AIR UNIT | | FAN COIL/AIR HANDLER* | |
| | COMMERCIAL HOOD | | COMMERCIAL COOKING DUCT | | PRODUCT CONVEY VENT** | |
| | COOLING TOWER | | BATH/KITCHEN/DRYER DUCT | | PIPING SYSTEM | |
| | REFRIGERATION COMP ≤ 25 HP | | REFRIGERATION COMP 26-50 HP | | REFRIGERATION COMP > 50 HP | |
| | ABSORPTION UNIT | | BOILER < 1,000K BTU | | BOILER ≥ 1,000K BTU | |
| | ALTER/ADD SYSTEM | | TITLE 24 ENERGY REVIEW | | OTHER _____ | |
| FOR OFFICE USE ONLY | | | | | | |
| | # SQ FT FOR TITLE 24 REVIEW | | | | | |

*Requires 1 Piping System & Air Handler **Commercial/Industrial/Garage Exhaust

Note: Vav Box Is No Charge

Plumbing

SUBMITTAL TYPE

☐ REGULAR ☐ EXPRESS ☐ OTC ☐ NR

PLMB PROJECT NUMBER

| | | | | | | | |
|---|----------------------|--------------|--------------------------------|--------------------------|----------------------------------|------------------|-------------------------------------|
| CONTRACTOR LAST NAME, FIRST NAME <input type="checkbox"/> Same as Building Cont | | | | STATE LICENSE NO. & TYPE | | EXP. DATE | |
| CONTRACTOR MAILING ADDRESS | | | | CONTRACTOR EMAIL ADDRESS | | | |
| CITY | | STATE | ZIP | PHONE | | FAX | |
| CITY BUSINESS LICENSE # (IF KNOWN) | | | EXP. DATE | TYPE OF BUSINESS | | CITY PIN | |
| PROJECT SCOPE (CHECK ALL BOXES THAT APPLY) <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> ALTERATION/REMODEL/TENANT IMPROVEMENT <input type="checkbox"/> ADDITION <input type="checkbox"/> CHANGE OF USE/OCCUPANCY | | | | | | | |
| TYPE OF CONSTRUCTION | | | PRESENT USE/OCCUPANCY | | PROPOSED USE/OCCUPANCY | | |
| # DWELLING UNITS | | # OF STORIES | | BUILDING HEIGHT | | CPC EDITION USED | |
| QTY | ITEM | QTY | ITEM | QTY | ITEM | QTY | ITEM |
| | TOILETS | | BACKFLOW < 2" | | GAS, DRAIN, VENT ALTER/REPAIR | | 1.5" – 2" WATER LINE |
| | SINKS | | BACKFLOW > 2" | | GAS METER RELOCATION | | 2.5" – 4" WATER LINE |
| | BATHTUB | | BACKWATER VALVE | | GAS PRESSURE REGULATOR | | ≥ 5" WATER LINE |
| | GARBAGE DISPOSER | | FIRE HOSE OULET | | GAS SYSTEM | | DISABLED ACCESS FIXTURES |
| | AUTOMATIC WASHER | | HOSE BIBBS | | MED/HIGH GAS METER | | INDUSTRIAL WASTE |
| | FLOOR DRAIN | | ON LOT SEWER | | REPIPE GAS/WATER FIXTURE | | WET STANDPIPE |
| | SHOWER | | SPRINKER (ANTISIPHON VALVE) | | REPIPE WATER SERVICE ONLY | | MED PRESSURE GAS SYSTEM |
| | DISHWASHER | | SUMP PUMP | | AREA DRAIN | | COMBO WASTE/VENT |
| | DRINKING FOUNTAIN | | TRAP PRIMERS | | ROOF DRAIN | | 2" FUEL GAS PIPING SYSTEM |
| | FLOOR SINK | | VACUUM BREAKERS | | PLANTER DRAIN | | 2.5" – 4" FUEL GAS PIPING SYSTEM |
| | LAVATORY | | WATER HEATER | | GREASE INTERCEPTOR | | ≥ 5" FUEL GAS PIPING SYSTEM |
| | LAUNDRY TRAY | | WATER PRESSURE REGULATOR | | SAND INTERCEPTOR | | MISC. FIXTURES |
| | URINAL | | TITLE 24 ENERGY REVIEW | | OTHER INTERCEPTOR | | OTHER _____ |